1: Longrigg G-4, 5 (ca. 1915-1940) MH1 Iraq MH1

Governor had only a general power of co-ordination and discipline. These departments, directed from Istanbul, included the administration of justice: a field in which Turkish law had by 1900 developed far beyond its Shara' origins. The composite and ill-coded civil Majalla, a mass of *ad hoc* legislation, and a body of French commercial law had been adopted. The resulting codes were not only imperfectly drafted and full of anomalies, but too often quite unsuited to 'Iraqi needs. The Courts which administered them represented a comprehensive and not ill-considered system spoiled by the delays and abuses in its practical working, by its exclusive use of a foreign language, and by the underpaying of the judges. The privileged position of foreigners, protected by their outdated and resented Capitulations, was assured by special arrangements in both civil and criminal matters.

Abundant work for the Courts was provided by the department of Land Registry, or Tapu. It had been inaugurated in 'Iraq by Midhat Pasha as a land-settlement and stabilizing measure; but in unsurveyed agricultural lands, largely in immemorial tribal possession and far from conforming to the official view that 'unalienated State lands' were at Government's free disposal, the Tapu system could do little save create new disputes, bestow rights on parties powerless to exercise them, and destroy the best elements in the shaykh–tribesman relationship. The immense practical difficulties of land settlement in 'Iraq were unrealized, and the whole essential background of cadastral survey and social control was lacking.

In the field of medicine and quarantine the standard of Turkish doctors (rarely Turkish by race) was low, their assistants and inspectors were untrained, their equipment was inadequate. The medical services, accustomed to rely on mission hospitals and dispensaries, were scanty in the towns and non-existent outside. Educational services made a slightly better showing, though standards were everywhere below those of the foreign or foreign-inspired mission schools. Free primary schools, well organized on paper, existed at most towns, and secondary also at the larger. Industrial schools had been founded at Baghdad and Baṣra, and higher theological learning was available. The military educational system was distinct. The sons of civil notables and high officials went to Istanbul to complete their Turkish education, and a few sons of the greater shaykhs to the Tribal College. The teaching profession was ill reputed and unpopular, its methods primitive.

These do not conclude the list of the 'imperial' departments. The Public Debt administration, handling selected revenues on behalf of the European creditors of the Porte: the local offices of the Régie Co-intéressée who held the monopoly for the manufacture

1: Longrigg G-4, 5 (ca. 1915-1940) MH1 Iraq MH1

the American School of Oriental Research founded in 1923 and the British School founded in 1929 maintained headquarters in Baghdad, and both published the results of their researches.

In the field of Public Health the Government services had achieved much, but not the impossible. They had faced an immense field to cover and to conquer, had started from nothing, and had been always restricted by lack of funds and trained officials; and meanwhile, inevitably, the disease- or weakness-producing factors in the territory, and the apathy and conservatism of its people, continued. The problem of general malnutrition and resulting lack of physical vigour was, in fact, the problem of poverty: the cure, still distant, lay as much or more in increased wealth as in increased enlightenment; and the same was true, in spite of active and multiplying maternity and child-welfare clinics, of an infant death-rate still tragically high. Little, save increasingly comprehensive and practical study, had yet been done to combat the curse of hookworm, malaria, or bilharzia; a comprehensive effort against these diseases and against tuberculosis, eye-disease, and the typhoid group must call insistently for more time, more funds, and more specialized staff. Steps taken against epidemic disease had been successful; plague and cholera had scarcely appeared for a quarter-century, and smallpox was well handled with full modern resources. Urban sanitation had been improved, sewage schemes adopted, and sanitary inspector training developed; but conditions in this respect over most of the territory remained wholly primitive, and the majority of 'Iraqi doctors were little interested in public health administration. The country at large was served by some eighty hospitals, of which three-quarters were general and a quarter specialized for fevers, mental and venereal diseases, leprosy (at 'Amara), children's and chest and eye diseases; a quarter of the whole were in Baghdad. Non-governmental hospitals were those of the oil companies, foreign missions, and the minority communities. The Jewish Mir Elias Hospital was still open, for patients of all creeds; all other Jewish hospitals and dispensaries had been closed. The Railways, the Port, the Police, and the Army maintained their separate Medical services. The supply of doctors, thanks to the Royal Medical College, had much improved since the thirties, but some reliance on foreigners was still necessary; some thirty of these were so employed in 1951 and recruitment of more was in progress. Registered practitioners in all numbered some 300 in 1945, 420 in 1949. The reluctance of 'Iraqi doctors to serve in the remoter regions—or, indeed, elsewhere than in Baghdad—was still an embarrassment. Nevertheless, the busy and valued hospitals and dispensaries maintained in all parts of 'Iraq were playing a major stabilizing as well as a

658 238 students, to fifteen with 1863 students. Nor has the increase
871 in schools been attended by a decrease in the quantity or
[875] quality of the teachers, although they are admittedly still inadequate in numbers and in training. The return of 'Iraqī students sent abroad at the expense of the Government in lieu of setting up its own Higher Educational Institutions has brought fresh blood, progressive ideas and new standards to Education to an extent not equalled by any other Ministry. Careful efforts have also been made, particularly in recent years, to adapt Western methods to 'Iraq instead of blindly adopting them. In this respect, the educational system in vogue in present-day Turkey has been looked to as furnishing a model.

871 Notwithstanding these praiseworthy achievements, concern has been expressed both by 'Iraqīs and by others lest various tendencies, now observable in the educational system, mar the work of the Ministry. Such trends seem to be: the extension of the number of schools without maintaining their grade or the standard of work required by them; the failure of the Ministry to dissociate itself entirely from political struggles and controversies; and the acquisition by students of the view that education is vocational rather than cultural in aim and that government positions should be the reward of their school certificates. On the ability of the educational system to free itself from these handicaps, either by the wise direction of educational affairs on the part of those in authority or by the growth of a new attitude on the part of the people themselves, will depend much of the continued progress of 'Iraq.

744 In other fields, a health service has been in existence since
759 the British Occupation, a Medical School has been created at Baghdad, plague and cholera checked and sanitary regulations for the corpse traffic to the Holy Cities imposed. On the other hand, the Medical School has been unable to provide sufficient highly trained graduates with a willingness to take posts in out-
[758] lying districts. Medical centres are unable to reach but a small
164 portion of the total population. Malaria, tuberculosis and eye dis-

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

164 therefore vitally important that more attention be devoted in the future to the preventive aspects of public health work.

Prevention of Disease

744 751 Many measures could be taken to strengthen the preventive aspect of public health work. Doctors and nurses must, above all, be imbued with its importance, for they have countless opportunities to impress on their patients the need for proper hygiene and sanitation. Thus social medicine, involving the study of the environmental factors bearing on health and of appropriate measures for the prevention of disease, should be taught as part of the qualifying course in the medical school at Baghdad. Far more emphasis also needs to be placed on the teaching of hygiene in elementary and secondary schools. Children should be taught not only good personal habits, but also the importance of sanitation in and around the home. Special classes might be given in the prevention of the main endemic diseases, by the school medical officer whenever possible. Health education must likewise be given an important place in the curriculum of teachers' training colleges and special courses in the prevention of diseases associated with irrigation and cultivation should be provided in the School of Agriculture and the School of Engineering. Hospitals should be an object lesson in hygiene and every effort made to impress on patients the importance of personal and domestic hygiene. The interest of adults in public health can be stimulated by visual education and by organizing "health weeks", the first of which was held in Diwaniya with conspicuous success during the Mission's stay. The army and police have an excellent opportunity to teach habits conducive to good health. Prospective farmers for new settlement projects should be medically examined to restrict, as far as possible, the introduction of endemic diseases into these settlements. To prevent water pollution it would be desirable to locate villages in such settlements away from irrigation canals wherever possible.

743 759 The Mission strongly recommends that the number of village dispensaries, which is now over 400, be gradually increased and that they be equipped to serve as public health centers. Such centers would be simple in function, aimed primarily at providing elementary medical and health assistance to as many people as possi-

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

ble. As conditions permit, the scope of their services could be expanded. At the present stage it will usually be sufficient to have a specially trained medical assistant rather than a doctor in charge. At present there is no separate cadre of medical assistants. It is therefore suggested that the existing School for Health Officials be converted into a training school for such assistants or aides. The medical assistant in charge of a dispensary will need to consider himself as the village sanitation officer and enlist the help of the village elder in organizing a cooperative effort to keep the village clean. He will also need the assistance of a village midwife and, at a later stage, of a public health nurse. The traditional midwife, if properly trained, could have great influence in improving the standards of personal and domestic hygiene, in combatting infant mortality and giving simple advice on the care of infants. Such midwives, when drawn from the ranks of the people whom they will serve, will have a ready entry into homes and will be able to speak in terms which will be readily understood. It is therefore recommended that a school for training such midwives, recruited from the villages, be established. A similar school should be set up for town midwives. It would be desirable to have three foreign midwives appointed to direct this training program.

In the cities a considerable improvement in sanitation could be effected through the creation of a sanitary corps. Such a corps should be charged with house-to-house inspection to detect health nuisances and prevent fly and mosquito breeding, with the inspection of eating-houses, foodstuffs and food handlers, and with the improvement of environmental hygiene in general. A foreign public health or sanitary engineer would be required to organize this service and establish the facilities and courses for training appropriate numbers of sanitary overseers and sanitary inspectors who, in turn, would impart the necessary instruction to the house-to-house inspectors.

The prevention of hookworm, malaria and bilharzia warrants special attention. These diseases are widely prevalent and through their general debilitating effects materially lower productivity. The incidence of hookworm would be reduced by improvements in sewage disposal, the closing of open drains, provision of suitable latrines and the wearing of shoes. Bilharzia, which is transmitted

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

of hospitals may eventually have to be increased, it is of greater importance today to build more dispensaries.

Improvements in hospital administration are also desirable. As long as hospital administration remains in the hands of doctors, they should be given a course in this subject after qualifying.

There is at present one doctor to every 7,000 in the population. With increased accommodations and laboratory facilities at the medical schools, the number of doctors qualifying annually can be increased from 35 to 80. While low, the number of doctors is not seriously inadequate provided they are well distributed and supplemented by sufficient well-trained medical auxiliaries. A large number are concentrated in Baghdad, however, and there is an excessive trend toward specialization. Far more general practitioners are needed in the provinces, but it is clear that better housing accommodations and higher pay will be necessary to attract them.

Among the medical auxiliaries the most serious shortage is that of qualified nurses. In one hospital, for instance, it was noted that there were only 12 trained nurses as compared with 21 doctors. The Mission recommends that a school for practical nurses be established in each province, beginning with Basra, Mosul and the Karkh hospital in Baghdad province. It would also be desirable to set up local schools for male "dressers" who are now largely self-taught. With proper training dressers can relieve nurses of many of their duties. The Mission suggests that two foreign nursing sisters be employed in each province to supervise nursing and give instruction, and that the staff at the Royal Hospital in Baghdad be strengthened by the addition of five more foreign nursing sisters. At present Moslem women are not attracted to nursing. The employment of more foreign nurses may help to demonstrate that nursing is a highly respected, skilled profession abroad. More women might also be inclined to adopt a nursing career if nurses were provided with better housing and given status comparable to that of school teachers.

Aside from nurses and dressers, hospitals lack enough well-trained laboratory assistants, radiographers, storekeepers, physiotherapists and operating room attendants. Special courses should be instituted to train personnel in each of these categories. Refer-

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

759 ence has already been made to the importance of special training for medical assistants who will generally be in charge of village dispensaries.

278 Many people will continue to be far removed from hospitals, dispensaries and pharmacies. For these it is important to make available such simple "household remedies" as anti-malarial drugs, aspirin, tincture of iodine, DDT powder and Epsom salts. It is suggested that the government make arrangements to supply through village shops such drugs in suitable packets carrying simple directions for use. The general availability of these remedies at a reasonable price will also help to reduce the large number of visits to dispensaries for comparatively trivial ailments.

Organization of Public Health Administration

744 647 The measures outlined above require a number of changes in the administration of the public health program. The present organization, which is the responsibility of the Ministry of Social Affairs, does not lend itself to an effective attack on the problem of disease prevention. Like most of the other central administrations, it suffers from excessive centralization. There is too little contact with other ministries whose activities are of importance to public health. The Mission suggests that a public health administrator, together with an epidemiologist and a sanitary expert, be recruited abroad to advise the Minister on the organization and further development of the health services. The epidemiologist would concentrate on the principal endemic diseases and the sanitary expert would advise on measures to improve sanitation and environmental hygiene. While a detailed reorganization should await their advice, it would seem best to group health services according to two main divisions, one concerned with the curative, the other with the preventive services.

In the future the reorganized health services will need to work much more closely with the departments concerned with irrigation and agriculture and, on the problem of health education, with the Ministry of Education. In carrying out a much needed decentralization considerable responsibility must, above all, be placed on the chief medical officer in every province. This officer, who now also carries on a private practice, should be given more adequate pay so

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

ANNEX F

PUBLIC HEALTH

I. Introduction

Extent of Progress Made in Public Health

In the past 30 years health services in Iraq have improved considerably. In 1918 the country had only one hospital, contrasted with the present 89 hospitals (4,812 in-patient beds or one bed per 1,000 people) and 448 dispensaries. Control measures including the use of vaccines, particularly for smallpox, have cut down the incidence of epidemics during the last few years. Cholera has not occurred since 1931 and the plague not since 1935. Smallpox and louse-borne typhus also seem to be under control. An Institute of Endemic Diseases has been set up with headquarters in Baghdad. Steps have already been taken to control malaria and a good deal of information is being assembled on schistosomiasis (bilharzia) and ankylostomiasis. Nevertheless, the main endemic diseases—malaria, schistosomiasis, trachoma, and ankylostomiasis —are still very common.

In 1949 there were 797 doctors practicing in Iraq, of whom 419 or 53 percent were in Baghdad. There were about 387 government pharmacies and 252 pharmacists working in private pharmacies in the larger towns.

The doctors are supplemented by 265 health officials, originally trained primarily to staff village dispensaries, and 400 nurses and 659 dressers (male hospital attendants), about one to every four or five hospital beds. There are also private nurses, midwives and dressers, and 130 public vaccinators who are employed on a permanent basis. In 1948 and 1949, 3,061,955 and 2,080,777 smallpox vaccinations were made (the 1947 census showing a total population of 4,799,500).

Malaria, trachoma and bronchitis were the main hospital cases; the dysenteries, anemias, wounds, syphilis and phthisis were

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

also frequent causes for hospitalization. In 1949 there were 5,876,336 visits to health institutions for treatment.

Public Health Budget

In 1951-52, ID 2,089,180 (7.6 percent of the total budget) were allocated to health services, as compared to ID 187,672 in 1931. Because of the prevalence of endemic diseases and the constant danger of epidemics, it would not be unreasonable to spend 10 percent of the total budget on health services.

Salaries for personnel in the medical service appear to be low in relation to the cost of living, although they are not low compared to other civil service salaries. The basic salaries, exclusive of cost-of-living allowances, range from ID 5.15 a month for a dresser, to ID 25 for a doctor and ID 80 for a director-general.

Current Health Conditions

In spite of the undeniable progress in health conditions, there is need for further improvement. Definitive data are lacking on total birth and death rates, but some figures are available on the infant mortality rate, which is probably the best index of the social circumstances of an area. For Baghdad, the recorded rate in 1949 was 128 deaths per thousand births. Iraqi doctors who have worked in different parts of the country consider the rate to be about 250 per thousand, on the average, compared with about 34 deaths per thousand live births in highly developed countries.

Among the people as a whole, malaria seems to be the chief killer, especially in country districts. In the main cities the leading causes of deaths were intestinal diseases, tuberculosis and respiratory diseases. These diseases and trachoma seriously affect the ability of men and women to work efficiently and are among the major causes of low productivity of labor in Iraq. For example, candidates for the police service are frequently rejected because of defective eyesight and what is characterized as "poor physique" associated with chronic malaria, schistosomiasis, etc. About 20 percent of the young men liable for military service are found to be unfit.

Heart trouble, cancer and other organic disturbances are far outnumbered by diseases which are essentially social in origin. Most of them can be traced to lack of hygiene, poor sanitation and

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

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Additional provision for reconstruction of the Karkh and Kut Hospitals	ID	200,000
Repairs to the Maude Hospital (Basra), Amara Hospital, Erbil Hospital and Suleimaniya Hospital		250,000
Infectious disease blocks for the Erbil and Mosul Hospitals		65,000
Maternity block for the Hilla Hospital		25,000
Laundry for Diwaniya Hospital		12,000
Additional wards for Mosul and Kirkuk Hospitals		80,000
Completion of Mental Diseases Hospital		250,000
Additional provision for operating facilities at Royal Hospital		50,000
Children's Ward at Royal Hospital		40,000
Maternity block at Royal Hospital		40,000
Dental equipment for hospitals		20,000
Total	ID	1,032,000

As it becomes possible to devote more attention to increasing facilities for treatment, priority should be given generally to the construction of additional dispensaries in the rural areas.

Doctors

At present there is about one practicing doctor to every 7,000 of the population, but many of the doctors are concentrated in Baghdad. Only about 35 doctors are now being registered annually, but with increased accommodations and more laboratory facilities, it will be possible to enroll more students so that at least 50 will qualify as doctors annually. This number may be sufficient for Iraq's needs, provided that an adequate number of suitably trained health officers are available for service in village dispensaries and that nurses and dressers receive more training.

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Doctors receive their training at the Royal Faculty of Medicine, which was founded in 1927. The syllabus and teaching seem, on the whole, to be good. They emphasize adequately the study of the endemic diseases, although they do not give enough weight to the teaching of public health and preventive medicine. The recent appointment of a professor of public health should give a better balance to the program of instruction. Public health as such should probably be taught as a postgraduate course. It would include such subjects as public health administration, public hea

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7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

759 legislation, water supplies, removal and treatment of waste matter, industrial health, and maternity and child welfare. In the qualifying course it would best be taught as social medicine which might be defined as "the study of those environmental factors which affect health, and the application of that study to the benefit of man with a view to the prevention of disease and promotion of health."

There appears to be an excessive trend towards specialization. In some hospitals specialists have been appointed where there is clearly not enough specialized work for them. Though specialization should by no means be overlooked, a specialist service must depend first upon an adequate supply of general practitioners. Probably the four most needed types of doctors, in addition to physicians, are surgeons, eye specialists, gynecologists and obstetricians.

758 369 One of the more urgent requirements is to attract doctors to the provinces. Iraqi doctors have shown little inclination so far to work in villages, partly for financial reasons but not a little because of the great lack of amenities in rural areas. There are no suitable houses for the doctors and their families, few schools, and in many places neither lighting nor a pure water supply. Young doctors who have been trained to require and depend upon all the latest technical aids in diagnosis and to insist upon the use of the most modern forms of treatment generally find that in most villages they cannot practice the medicine they were taught. If the best use is to be made of the doctors available, as much emphasis must be put on improving village facilities as on training doctors for the provinces.

Medical Aides

759 The acute shortage of trained aides is almost more serious than the shortage of doctors. In one hospital there were 21 doctors but only 12 trained nurses. There is a general lack of specially trained laboratory assistants, operating room attendants, radiographers, hospital storekeepers or hospital dispensers, and the like. Health officials, trained primarily for service in village dispensaries, are frequently diverted to hospitals to act as special "medical auxiliaries".

In all, there are about 1,000 nurses and dressers for some 5,000 hospital beds. Trained nurses are few in number so that

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

standards of nursing are not high. However, the three-year nursing course given at the Royal Hospital is comprehensive and includes all the common branches of nursing.

Unfortunately in Iraq, as in many other Moslem countries, nursing is not at present looked upon as a suitable career for Moslem girls of good family. Probably one of the best means of inducing girls to take up nursing is to demonstrate through the employment of foreign nursing sisters that nursing is regarded abroad as a highly qualified and reputable profession. More women might also be attracted to this profession if they were given suitable living quarters and accorded a position in the government service equivalent to that of elementary school teachers.

The one central nursing school in Baghdad will not supply the needs of the country. Since many young girls will not leave their homes to go to school, it will be necessary to set up local schools for nurses and also for dressers. Training for practical nurses should be started at Basra, Mosul and Karkh hospitals and eventually every province should have such a school. Candidates should have had at least six years of preliminary schooling and the course itself should last a year. It is suggested that two foreign nursing sisters, preferably English-speaking, be appointed to each province to act as nursing supervisor in the chief hospitals and as "principal" of the local nursing schools. It would also be desirable to assign to each school a sister-tutor—a graduate of the central school.

At the same time, nursing supervision needs strengthening in the Royal Hospital where at present there are only three foreign nursing sisters for 680 beds. For efficient operation the Royal Hospital needs the following foreign nursing sisters:

1. One matron
2. One assistant matron
3. One sister tutor
4. One sister for the maternity block
5. One for the children's wards
6. One for infectious diseases hospital, and
7. Two for general duties.

It is most important that every foreign nursing sister should get to know, as quickly as possible, something of the language, mode of life and habits of the people.

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

759 An estimate of the cost of the full scheme follows:

(a)	CAPITAL	
(1)	Quarters for women nurses	ID 125,000
(2)	Demonstration rooms	28,000
(3)	Quarters for foreign sisters[1]	80,000
(4)	Equipment, etc.	7,000
		ID 240,000
(b)	RECURRENT	
	Salaries for foreign sisters (only)	ID 37,000

Training schools are also necessary for hospital storekeepers, laboratory assistants, radiographers and probably for physiotherapists and dispensers. Storekeepers should be appointed to every hospital to preserve equipment and to check the use of expendable items. Dressers, who are already familiar with the names of many articles used in hospital work, would probably be the most suitable candidates for training. The schools could be started with the existing staff and facilities of the Royal Hospital and of the Central Medical Stores, and as each trained group is ready to go to work an appropriate pay scale ought to be established for them.

Pharmacists and Medical Supplies

874 A School of Pharmacy and Chemistry was founded in 1936. The five-year pharmacy course is comprehensive and the facilities for teaching, including laboratories, are good.

278 So far 218 pharmacists have qualified from the school but many have gone into private work and only 64 remain in government service. Apparently the salary paid to a pharmacist working in a private shop is at least twice as high as that paid by the government. Further, a number of qualified pharmacists have recently left the country. With the existing accommodations the school can graduate about 20 pharmacists annually. Meanwhile there are only 64 pharmacists working in the 89 hospitals and in some hospitals the dispensing, including that of poisons, appears to be carried out entirely by health officials.

[1] It is estimated that 37 foreign nursing sisters would be required: 27 for the 14 provinces (there is already one in Basra); five for the Royal Hospital at Baghdad; and five additional for replacements during sickness and leave.

5: Harrison D-4 (1912-1924) 1924 M1 Middle East
Iraq MHI

463 each kind of goods has its special section of the bazaar.
565 The brass- and copper-smiths' quarter rings like a small
441 boiler factory all day long. The artisans who are engaged in producing these commodities form a considerable section of the Mesopotamian city population and are fairly prosperous and contented, much more so than the date gardeners of the outside districts. Supreme over them all stands the Mesopotamian silver worker, whose antimony silver work can scarcely be duplicated anywhere in the world.

463 The professional classes in these Mesopotamian cities
871 are fairly well developed. There are teachers of every
794 sort. Some of them have been trained abroad, but many
177 are indigenous and a very great credit to the schools that have turned them out. There are a number of government schools, and in addition the different religious sects maintain schools of their own. In these days when western education is in great demand, the schools of the Jews and the Christians are patronized by an increasing number of Mohammedans. No local medical profession has
463 been developed as yet, but the wealth and the culture of
759 Mosul, Baghdad and Basra have attracted a considerable number of trained physicians from outside. We have therefore the beginnings of a medical profession, and although it is not yet indigenous, it will soon become so. Its ethics are not of a very high order; the campaign of the American College of Surgeons to abolish fee-splitting would not make much headway among Mesopotamian doctors, but time will develop ethical standards, and at the worst the profession is a long way in advance
463 of the quacks that infest Arabia proper. There is also a
693 well-established group of lawyers. One of the results of the governing of the country for hundreds of years by

63:Simmons et al G-5 (1941-1951) 1954
M1 Middle East
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offers 5-year courses for the training of fully qualified pharmacists. 874

PERSONNEL

Physicians. The physicians registered in Iraq in 1950 totaled 811. Of this number, 543 were employed full or part time with governmental agencies. One hundred and ninety-two doctors were in private practice, and 6 were retired. Seventy were non-Iraqi, most of whom were working with the government, with the oil industry or with philanthropic organizations. The distribution of medical practitioners is extremely uneven; 444, or almost one half of the total in the country, were located in Baghdad province. The proportion of doctors in the Baghdad area averaged 55 to 70 per 100,000 population, as against 4 to 6 in the rural provinces. 759

Dentists. The registration for 1950 included 72 dentists, 29 in government service and 43 in private practice. Over 86 per cent of the latter group were established in Baghdad.

Nurses. There were 601 nurses in 1950, 497 of whom were employed in government institutions. The majority are probably graduates of the School of Nursing and Midwifery. Five British nurses were affiliated with the Ministry in 1951.

Other. Also in 1950, 803 midwives were licensed as "qualified" midwives, while an additional 9 were fully trained. Other medical personnel in the country included 69 pharmacists, 236 health officials or medical assistants, 341 vaccinators and 1,002 dressers.

DISEASES

The information available regarding the distribution and the prevalence of infectious diseases is sketchy. The official statistics compiled from the records of the government hospitals and dispensaries are derived only from institutions under the jurisdiction of medical officers, and are therefore limited in scope. The reporting of cases of 164

64: Shwadran S-4 (no date) 1955 MI Middle East
IRAQ MH1

creased. Of all the Middle Eastern countries, Iraq has all the necessary requisites for a sound and rapid economic development, especially in the agricultural sector. It has a very considerable quantity of land ready for immediate cultivation, so defined by the most conservative standards, and with modern methods very great stretches now defined as uncultivable could be improved and brought into the cultivable class; it has an abundance of water for irrigation as well as for power, and it has at its disposal enormous quantities of cheap fuel both in petroleum and natural gas.

What, then, have been the economic, educational, health and social conditions of the country? As regards the size and growth of the population, even today, more than thirty years since the creation of the Kingdom of Iraq, it would be very difficult to state categorically the percentage increase of the population. The accuracy of the figure advanced by the October 1947 census has been questioned by the International Bank Mission.[7]

Despite substantial strides in public health—an increased number of hospitals, dispensaries and doctors—during the first thirty years of the existence of the Kingdom, the Bank Mission reported in 1951 that the infant mortality rate was very high, "perhaps as much as 250 per 1,000 births," and that there was a very high incidence of such endemic diseases as trachoma, hookworm, bilharzia, malaria and dysentery. Malaria was reported to cause 50,000 deaths every year. In 1948 no less than 6,657,474 visits to medical institutions for treatment were reported, and 1,291,225 cases of infectious diseases were treated. Of these, 603,698 were malaria and 524,740 trachoma.[8] In 1944 the total number of doctors in the country was 528; in 1951 it was reported that there was one doctor to every 7,000 in the population, which would make a total of about 915 doctors, but a large percentage of them were concentrated in Bagdad.[9]

There can be no doubt that educationally the country progressed considerably from the stage in which it was in 1921, but all in all the sum total was not very impressive; the rate of

[7] International Bank, *Iraq Mission Report*, 128.
[8] *Ibid.*, 49.
[9] *Ibid.*, 55; Hashim Al Witry, *Health Services in Iraq* (1944), 8. In 1945 there were, according to a British report, 569 doctors registered in Iraq. Since 308 were in Bagdad, this made approximately one doctor for every 15,400 in the population in the provinces, and one doctor to every 2,700 in Bagdad. Great Britain, Overseas Economic Survey, *Iraq* (1949), 50-51.